

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WOMEN IN TRANSITION (110025)

Address: 2842 MOLAND ST, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 04/30/1981

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094112 **End Date:** 02/07/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008122 Served 02/12/2005

Deficiencies Cited

50.065(2)(b)intro

83.43(3)(b)1

Subject Area

ENTITY BACKGROUND CHECK REQUIREMENTS

TESTING BY SERVICE COMPANY

Compliance
Verified

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 02/11/2005	SOD #10008122	Appealed: No
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Sanctions

FORFEITURE---50.065(2)(b)

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